



DATE PRESENTING CLINICAL SIGNS

4/5/23 Luna presented on 3/24/23 for hematuria. Per O P has been having hematuria for about 2 weeks. Per O, P was seen at an ER - they were unable to obtain a urine sample. Per O, P was also diagnosed with tapeworms and hookworms/roundworms. Per O ER did give P an antibiotic shot and it did initially improve.

PATIENT

Luna Burns Current Medications: Clavamox 62.5mg BID.

SPECIES

Feline

Lab Results: Bilirubinuria. Crystalluria (calcium oxalate dihydrate and ammonium magnesium phosphate)
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brillhart, RDMS.

BREED

DSH

SEX

Spayed Female

AGE

10/23/22

WEIGHT

5.92 Pounds

INTERPRETED BY

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(Small Animal Internal
Medicine)

HOSPITAL NAME

Frederick Road VH

REFERRING VET

Dr. Nelson

INVOICE

46410

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall appears to have a smooth mucosal surface and is slightly prominent, measuring 0.21 cm, with no focal lesions such as mass lesions, calculi, etc. The region of the trigone, ureteral papillae and proximal urethra appear free of any significant abnormalities.

The left kidney has a normal shape and size (3.28 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.52 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.27 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.32 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (1.0 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.36cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Jejunum wall measures 0.28 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The left limb of the pancreas is prominent and hypoechoic as compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are visible/mildly prominent mesenteric lymph nodes visualized at 0.30, 0.36 cm, and a lymph node at the ileocecal junction at 0.56 cm. The omentum is generally of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Mildly prominent/thickened urinary bladder wall – This is very subtle and could be within normal limits due to lack of significant urine distention. Correlate with urinalysis and culture results.
- Prominent, hypoechoic left limb of the pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Visible/prominent mesenteric lymph nodes – These are likely reactive and can be within normal limits in young cats.

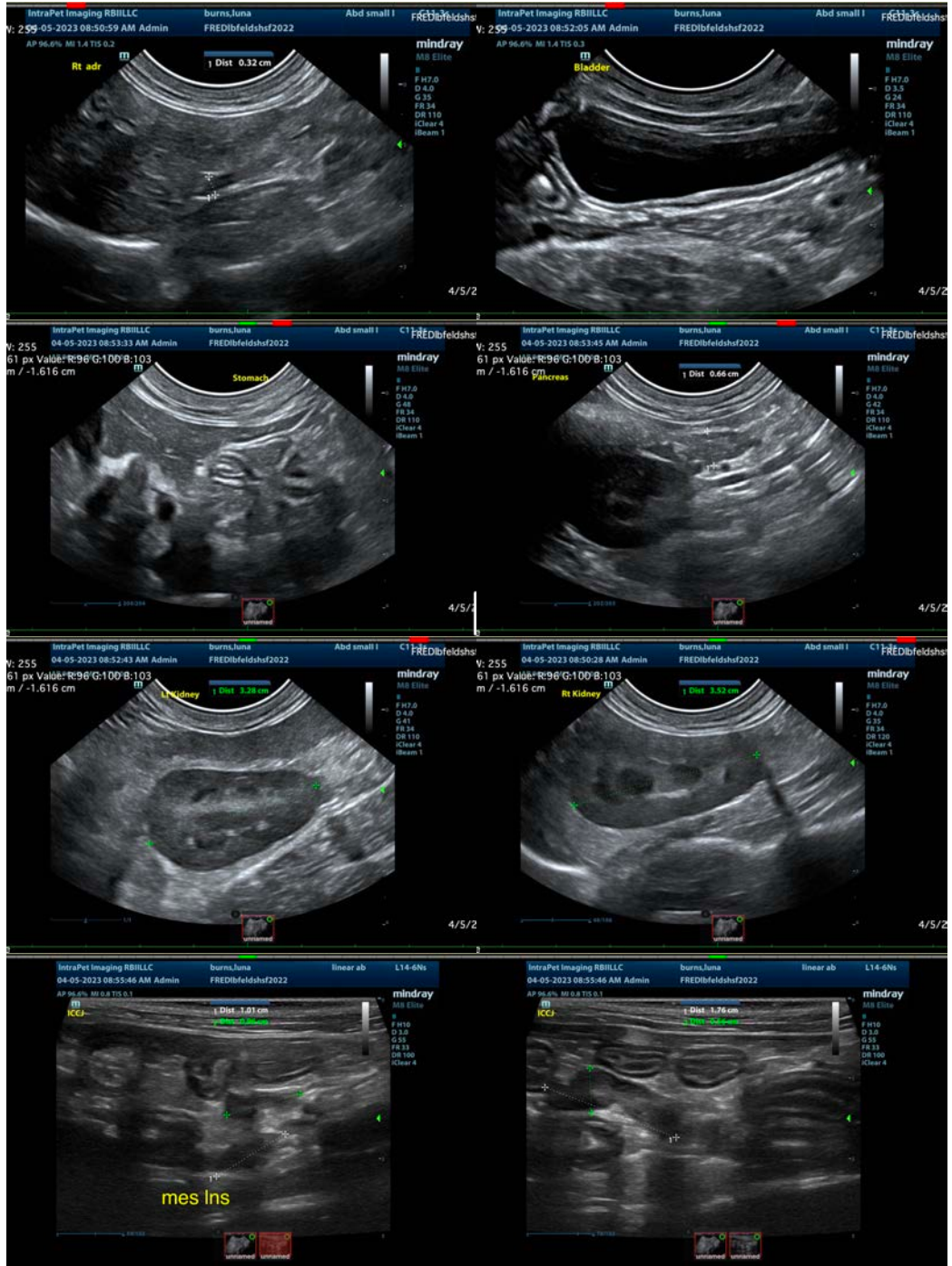
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

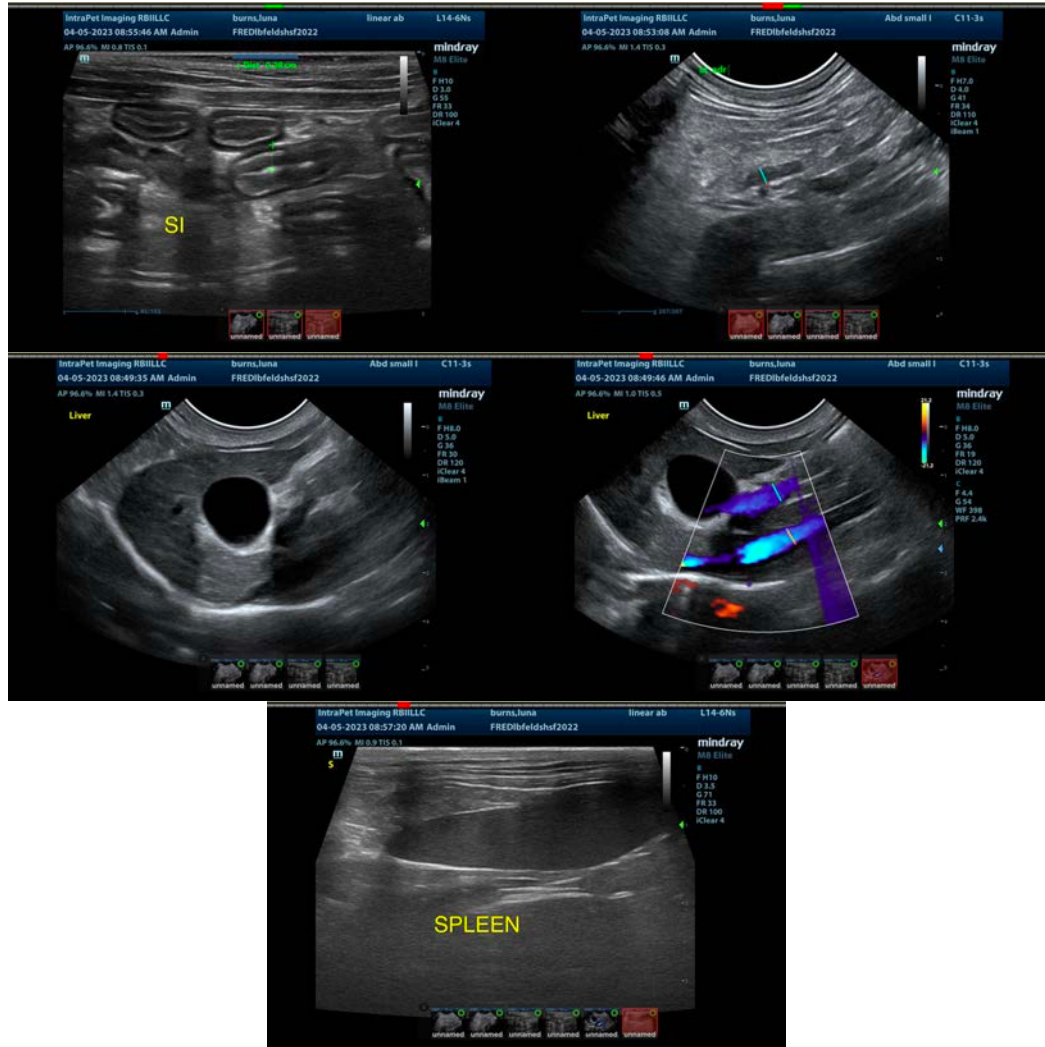
No focal lesions are visualized with the urinary bladder to explain the hematuria reported. The urinary bladder wall appears slightly prominent, but this could be partially due to lack of significant urine distention. Recommend a urine culture by cystocentesis once antibiotics have been discontinued for at least 5 days.

Based on the bilirubinuria reported, recommend a urinalysis and culture, looking for any evidence of hemolysis, elevated liver enzymes, etc.

This urine sample is highly concentrated. This can sometimes affect dipstick results.

If hematuria persists, you could consider a distal vaginal exam under heavy sedation and referral to a clinic with a small enough cystoscope to evaluate a young female cat.





The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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